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** CONTINUING DATA *****

This application is a DIV of 09/817,434 03/26/2001 PAT 6,618,627 which is a CON of 09/436,857
 11/09/1999 PAT 6,212,435
 which claims benefit of 60/108,408 11/13/1998

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 10/22/2003

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|---|--|--------------------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY PA | SHEETS DRAWING 7 | TOTAL CLAIMS 18 | INDEPENDENT CLAIMS 4 |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | | | |
| Verified and Acknowledged <i>Douglas M. Mechlenburg</i> | Examiner's Signature <i>Douglas M. Mechlenburg</i> | Initials <i>D. M. Mechlenburg</i> | | | |

ADDRESS

30031

TITLE

Intraoral electromuscular stimulation device and method

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| FILING FEE RECEIVED 834 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
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